

DEPARTMENT OF HEALTH SERVICES

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August 20, 1999

Dear Prospective Applicants:

**RESPONSE TO APPLICANT QUESTIONS REGARDING THE HEALTHY
FAMILIES/MEDI-CAL FOR CHILDREN OUTREACH - REQUEST FOR APPLICATION
(RFA), JULY 1999**

Enclosed you will find questions and answers related to the Healthy Families/Medi-Cal for Children Outreach RFA, dated July 1999. As noted on page 7 of the RFA, the question and answers will be posted on the Department web site (<http://dhs.ca.gov/omcp>).

If you have any questions, or need additional information, please contact me at (916) 323-7406.

Sincerely,

O/S

Michael J. Neff, Chief
Office of Medi-Cal Procurement

Enclosure

Questions Regarding Healthy Families Outreach RFA

1. Question:

Will application evaluation be solely based on the Preliminary Selection Criteria? Are there any characteristics or key elements that the evaluators will look for within each of the Preliminary selection Criteria? Are we privy to them?

Response:

The RFA contains all the criteria the State will use to evaluate proposals.

2. Question:

Page 9, Preliminary Selection Criteria and Page 11, Final Selection

Is there not a discrepancy between a) "Preliminary Selection Criteria," and b) "Criteria for selection and final funding determination are:....," and c) "Final selection for funding will be based on the projects the State believes will best achieve increased enrollments in the HFP/MCC"?

Response:

The Preliminary Selection Criteria provide the basis for establishing a related ranking of proposals. Final selection will be of those proposals which best achieve overall outreach goals.

3. Question:

(Refer to Part VII Admin. Structure and Capacity, A. 1.) What would constitute a good progress report? Are numbers of applicants enrolled heavily weighed?

Response:

Applicants are required to include performance goals as part of the application (see VII, B, f, page 19). These performance goals may include factors other than just the number of enrollments, depending upon the nature of the applicant's proposal. Good progress reports will show progress toward achieving those goals.

4. Question:

If we are approved as a site, what happens if you don't make your applicant/enrollee numbers? How is this determined?

Questions Regarding Healthy Families Outreach RFA

Response:

As part of the monthly progress reports, the contractor will be required to identify the activities they completed during the previous month, the activities they did not complete during the month, and the activities they expect to complete in the following (current) month. To the extent that activities were not completed as scheduled, we will require an explanation as to the cause of the delay, the actions the contractor is taking to achieve the objective or goal, and when the goal will be achieved. If, in the Department's opinion the contractor will not achieve the goals established over the term of the contract, the Department may elect to terminate the contract, and/or recover payments made to the contractor if funds were not spent according to budget.

5. Question:

How will contractors know who gets enrolled?

Response:

Contractors must determine enrollment by follow-up with clients. This function should be included in the budget and progress reports.

6. Question:

Will workers be able to measure their advocacy work to retain Medi-Cal or Healthy Families enrollees? Do you want to hear about the barriers and anomalies encountered, for example, twins with the same income on the same mail-in application with the same health status, one enrolled in Healthy Families, the other in Medi-Cal? What measures are acceptable to document time spent troubleshooting problems for that family?

Response:

Applications will be evaluated on the work proposed; proposals which include troubleshooting will be considered along with other proposals. The Department is interested in hearing about the barriers encountered, but does not currently have a mechanism for reporting this type of information. If this is a component of a proposal, the applicant should include in the proposal how this reporting would be performed, and how time performing these functions will be accounted in the monthly progress reports.

7. Question:

What is meant by the "submission and approval" process discussed on Page 27 under Progress Reports?

Questions Regarding Healthy Families Outreach RFA

Response:

The submission and approval of progress reports is the mechanism used to determine the contractor's level of success, and to make contract payments. Contractors are required to submit monthly progress reports that document progress-to-date on scope of work objectives and performance goals within the contract period. These reports must be approved before monthly invoices are paid.

8. Question:

- a. Page 27, Invoice Supporting Documentation and Page 27, Progress Reports, Paragraph 3

"Invoices must include a certification signed by the authorized agent stating that the performance requirements have been met." What constitutes "performance requirements" for monthly billings? Does this mean that invoices may not be submitted if specific monthly outcome measures have not been met but many service measures were completed? Does this conflict with "Failure to submit timely and acceptable progress reports is cause for the State to withhold up to 100% from future monthly payments or terminate the contract"?

- b. Page 6, Funding Reimbursement:

The language in "Funding Reimbursement" section does not sound like performance-based contracting. If this is not a performance-based contract, at what performance threshold will contracts be terminated? 90% of goal? 95% of goal? What opportunities exist to modify goals based on actual experience in trying conducting outreach and enrollment with hard-to-reach populations?

- c. Page 26, paragraph 1

What constitutes "substantial compliance"?

Response:

- a. In the proposal, each applicant is required to provide performance goals. These are your performance requirements. Invoices must be submitted along with your progress report containing an explanation why specific goals were not met. This requirement does not conflict with the State's option to withhold up to 100% from future monthly payments or to terminate the contract.

Questions Regarding Healthy Families Outreach RFA

- b. We cannot set an arbitrary threshold for termination purposes. If an effort is made to reach specific goals and the goals are found to be unrealistic, termination will most likely not occur.
- c. Substantial compliance is compliance which, in the sole opinion of the State, demonstrates that the contractor is achieving the objectives of the contract.

9. Question:

Re: Application evaluation (page 9). What are examples of non-affiliated agencies that will review the applications? We would like to be assured that these agencies are not in the same county as the applicant agencies, since an agency applying is well-known, it is impossible to be “non-affiliated.”

Response:

The State will use a number of organizations to assist in the application evaluation; however, DHS will make the final decisions for contract funding.

10. Question:

Re: Selection Criteria (page 9): While Latinos do not have disproportionate enrollment rates, they do have issues of public charge and highest numbers of uninsured persons. How does the RFA address this and how does the evaluation account for this disparity?

Response:

To the extent that barriers such as Public Charge affect enrollment of specific populations, we are interested in proposals which address this area. Activities such as public charge education will be evaluated as part of the overall assessment of the applicant’s response (see Preliminary Selection Criteria, item 2c, page 9).

11. Question:

Evaluation Criteria, Item 2e on page 9 gives points for plans which “collaborate with other local organizations,” as distinguished from Item 2d which gives points for plans which “coordinate with other outreach efforts in the community.” Does this language not conflict with the two application categories of stand-alone agency applications (for \$100,000 maximum) and collaborative applications (for \$200,000 maximum)?

Questions Regarding Healthy Families Outreach RFA

Response:

We do not believe there is a conflict with the two categories mentioned. It is expected that organizations, whether a single entity or a collaborative, will coordinate with other local organizations in their communities performing similar types of outreach, to ensure a coordinated message is transmitted to the community. Single entities would still only be eligible for up to \$100,000.

12. Question:

(Reference: Page 19, Evaluation Plan, item (2).

Outcome measures for the Evaluation Plan refer to “increased number of Healthy Families/Medi-Cal cases in the geographic area.” Does this mean the current number of enrolled individuals in the county according to state figures or only those attributable to the contractor? When does an HFP/MCC applicant become a “case” and whose case is it?

Response:

The term cases was used inappropriately in this situation. Applicants should report on the number of enrolled individuals that can be directly accounted for by the contractor’s activities.

13. Question:

(Pg, 19) How often are Outcome Measures assessed? By whom?

Response:

Outcome measures as described in this section of the RFA are assessed by the contractor on an ongoing basis, and are how progress against objectives should be tracked by the contractor. The specific outcome measures identified will depend on the nature of the applicant’s proposal (see Evaluation Criterion 4b, page 10).

14. Question:

Page 1 of Exhibit B indicates that all produced materials defined as “Works” will become property of the State. Does this include concepts implemented and the ideas behind those concepts as well? If yes, please explain the rationale behind this provision.

Questions Regarding Healthy Families Outreach RFA

Response:

“Works” are defined in Exhibit B, page 1 and include concepts and the ideas behind those concepts. All “Works” become the property of the State, whether used or not. This is because State funds were used to develop these works.

15. Question:

In regards to the Scope of Work on Page 18 of the RFA, is the Narrative 1-8 part of the scope of work or is it a part that should follow the scope of work?

Response:

The Scope of Work should include a discussion of items 1-8 as appropriate to the proposal.

16. Question:

Is the RFA requesting a detailed description of all agency funding per program/contract or just funding relating to contracts/funding from HFP/MCC?

Response:

All agency funding related to outreach activities, whether funded by HFP/MCC or other funding sources, must be reported to determine if funding will supplement, not supplant existing ongoing outreach efforts.

17. Question:

Our department is an Enrollment Entity (EE) for HFP/MCC. May we apply for funding of the HFP/MCC Outreach contracts? Under the terms of the contract, contractors would be prohibited from collecting the \$50 application assistance fee or referring to EEs. Can another Entity Director/Manager be under this contract with us if they work for another Entity and keep their current Entity running (they would continue to work under a different address and phone number and use the regular \$50 per application fee, however, we would not allow any cross pollination of their other Entity with out application assistance program/contracts.)

Response:

Enrollment Entities may apply for a contract under this RFA; if awarded a contract, you would be prohibited from receiving the \$50 application assistance fee for any families assisted after the contract award is made. Contractors must not take steps to circumvent this prohibition against contracting and billing the \$50 for services provided. Any contractor who does will be subject to contract audit and termination.

Questions Regarding Healthy Families Outreach RFA

18. Questions:

Will agencies who currently receive the \$50 enrollment fee be ineligible for that fee under the HFP/MCC contract?

Response:

Yes.

19. Question:

Will all agencies in a collaborative be ineligible or only the lead agency?

Response:

All agencies in the proposed collaborative will be ineligible to receive the \$50. Note that if an agency is currently a member of a broad collaborative, and only a portion of the collaborative submits a proposal, only the members of that smaller collaborative would be unable to collect the \$50 fee.

20. Question:

Will lists of Healthy Families/Medi-Cal/AIM approvals be forwarded to all contractors regardless of their status as enrollment entities with RH & A? Or will data only be sent by RH & A to EEs who are accepting the \$50 payments, as has been the case?

Response:

Lists of approved enrollments will only be mailed to EEs continuing to receive the \$50 fee.

21. Question:

Page 5, Section D, Funding Limitations:

Applicants that are awarded contracts will not be allowed to also bill the \$50 application assistance fee. Contractors are prohibited from referring clients to EE's in order to bill for enrollment fees. Can an applicant secure a Program budget and subcontract out the enrollment, provided that the EE is unable to meet the needs of the client?

Response:

Applicants may subcontract out these enrollments; these subcontractors may not receive the \$50 fee.

Questions Regarding Healthy Families Outreach RFA

22. Question:

We would assume that even though applicants for this RFA are not to collect the \$50 enrollment fee, they should note their entity number on the application so that the enrollment may be tracked, but in some way note that they should not receive payment. Is this the case?

Response:

Upon award of the contract, all contractor entity numbers will become inactive to receive the \$50 application assistance fee. Contractors may continue to receive the \$25 Healthy Families Annual Eligibility Review.

23. Question:

In the RFP, Section g., Evaluation plan, page 19, asks "Describe the resources that the project will employ to satisfy the requirements for local project evaluation." What are these requirements? Are they listed in the RFP?

Response:

The RFA (item g, page 19) requires that the applicant develop an evaluation plan that describes how the applicant's achievement of the proposal's objectives will be measured. The application should identify the resources (number of staff, time spent) necessary to perform this evaluation, and when the evaluation will be completed.

24. Question:

Can lead agencies give collaborative members \$50 incentives?

Response:

Page 20 of the RFA specifically states "Projects are prohibited from paying any bonus or commission to any individual, entity or firm." If the \$50 incentive is in lieu of a direct compensation, this provision would apply.

25. Question:

Page 3, Contract Termination and Page 5 Funding Limitations
Prohibition on contractors billing the \$50 application assistance fee or referring clients to an enrolling entity (not defined in RFA) does not clarify whether a) an applicant may currently be an EE who is enrolling clients for the \$50 fee, and if so, whether b) those clients exceeding the number of projected for enrollment with these Outreach funds may be enrolled by the applicants who is an EE for the \$50 fee. No supplanting of federal funds would occur in this scenario.

Questions Regarding Healthy Families Outreach RFA

Response:

Applicants do not have to be an EE to apply for this contract. Contractors are not allowed to collect the \$50 application assistance fee when they receive a contract. As a reminder, Contractors should attempt to set realistic performance goals to avoid this type of scenario occurring.

26. Question:

If an application assistance agency currently receives referrals from the state phone number for application assistance, will that continue if the agency receives a contract under this program?

Response:

Yes, the referral process will continue. The only difference is you will not be able to collect the \$50.

27. Question:

May Enrolled Entities (EEs) who assist families request the \$50 reimbursements up until August 31, even though they will not receive the \$50 until after September 1, 1999 (beginning date of contract)?

Response:

Yes, EEs may request the \$50 reimbursement for applications submitted prior to their contract.

28. Question:

All of our local media reaches beyond our current geographic capabilities. May we refer potential clients to other EEs in areas we cannot yet reach?

Response:

Applications should clearly describe these situations; however, there is no guarantee that blanket approval for such referrals would be given.

29. Question:

How long will it take for translated media (i.e., Cambodian, Bosnian, Somali language materials) to be approved for use? Do you have a system in place to do the approval? We, the contractor will do the translation.

Questions Regarding Healthy Families Outreach RFA

Response:

The guidelines in the RFA regarding media approval (minimum timeframes of two weeks in some circumstances, six weeks in others) apply to any language, and if the language is other than English, it must be accompanied by an accurate English language translation. The State will not provide translation services. There is a system in place to secure these approvals.

30. Question:

We don't want to invest in marketing materials and then have income guidelines and policies change shortly thereafter. Do you expect the latest policy changes to take effect before outreach funds are released?

Response:

Any changes to income or asset levels should be defined before contract awards are made. However, these may change if new State or federal legislation is enacted that affects these areas.

31. Question:

(Reference: Page 12 Application Content, paragraph 5)

Are applicant able to preview the types of "collateral marketing materials" to be provided to assist in estimating the costs of reproduction to display the local contractor's name and telephone number? Multipage and multicolor documents are much more costly to print than single-page, one- or two-color.

Response:

The collateral material currently available is black and white; no multi-color material is available: The following materials are available:

Camera-ready flyers. The Department has produced a black & white camera-ready flyer (8 1/2 long x 11" wide) containing brief program information about the HFP as well as the campaign toll-free number (1-888-747-1222). This flyer can be customized by adding an organization's name, address and phone number and photocopied for distribution to clients. Flyers can be ordered by calling RHA, Inc at 1-888-237-6248.

Print ads for customizing. Healthy Families/Medi-Cal for Children black and white print ads are available beginning March 15, 1999 for EE/CAA and mini-contractor's use. The ads, 8" long x 6 1/2 " wide, created in English (featuring an African American family), Spanish, Vietnamese, Chinese and Cambodian, have a space for EEs/CAAs to add the name and phone number of the organization. Ads can be ordered by calling 916-446-9909 ext. 242 or 260. Please be sure to

Questions Regarding Healthy Families Outreach RFA

give: your name, your organization name, address and phone number, citing name of publication where the ad will be placed and the language(s) requested. The camera-ready artwork for the ads will be provided free of charge. However, EEs/CAAs will be responsible for paying any costs associated with placing the ads in publications as well as forwarding the artwork to the publications and working with them to customize the ads.

The State is planning to develop a limited number of new black and white camera-ready marketing materials in 1999-2000, but they will likely not be available until the end of the year.

32. Question:

Does the State have funds reserved to fund innovative local media activities outside of funds defined in this RFA?

Response:

Applicants desiring to fund innovative local media activities for HFP/MCC Outreach should apply for funding through this RFA. In addition, \$1.77 million has been appropriated for the development, production, and placement of local media and public relations activities. The State's advertising contractor is currently developing these plans.

33. Question:

Are testimonials in newspapers subject to pre-approval?

Response:

Yes, pre-approval is necessary.

34. Question:

Media material approval, pg. 12, paragraph 3 – Does this refer to DHS's name and number or EDS's toll-free information number?

Response:

All media requires prior approval, regardless of the names/numbers used. The only variable is the length of time needed for that approval.

Questions Regarding Healthy Families Outreach RFA

35. Question:

If a “Public Service Announcement” has been developed in English and Spanish and is currently broadcasting a “Healthy Families” enrollment event, must it be submitted for approval if a contract is awarded to the entity?

Response:

Yes, this submission would be necessary.

36. Question:

May we submit an invoice for start-up costs with the application?

Response:

Start-Up invoices may only be submitted once a contract is awarded, since payment cannot be made until the contract is executed. Applicants may submit an invoice for up to one-third of the total contract award to cover start-up costs.

37. Question:

Local research has identified lack of awareness/knowledge among physician office staff, eligibility workers, and many community based organizations (not health related), as another significant barrier to HFP/MCC enrollment. Although these audiences might be considered “secondary”, they are “high leverage” points of contact with potentially eligible clients. Since the RFA does not speak to this directly, could you please advise?

Response:

Applicants may propose outreach to secondary audiences. The application should include a scope of work narrative and performance goals that clearly identify the benefits and goals of contracting for such activities.

38. Question:

Can Health plans participating as Healthy Families plan partners receive an outreach contract?

Response:

No. All Health plans are precluded from receiving these contracts or funds from these contracts.

Questions Regarding Healthy Families Outreach RFA

39. Question:

Is there a mileage allowance for CAA's to go to the homes of applicants who live in remote rural areas and have no transportation available to them? We serve a lot of these types of rural applicants now by assisting them by driving to their homes.

Response:

The RFA limits mileage to \$.31 per mile, as set forth in Exhibit C of the RFA, entitled Travel Reimbursement Information.

40. Question:

Page 20 of the RFA stipulates no Bonuses/Commissions. Is it possible for us to train and hire half time (.5) CAA's as sub-contractors per a contracted amount of applications per month or do they have to be paid a salary with deductions?

Response:

The employer/employee relationship is left to the applicant to define. However, any reimbursement methodology that is dependent on the number of applications collected is not allowable. An employer may establish performance goals for an employee, but the goals may not be tied to reimbursement.

41. Question:

How many applications would be an acceptable number, (within the new \$100,000 RFA); or it would be nice to know what the best numbers were on your last \$50,000 (6 month) RFA that just ended (applications submitted)?

Response:

The Department cannot provide a response to this question. The number of enrollments reflected in an application response is dependent upon the targeted geographic area(s) and population(s) being served as well as the types of activities being performed within the proposed timeframe.

42. Question:

Are incentive gifts allowed? Specifically, we like the logo – can we give away buttons, refrigerator magnets, etc.?

Questions Regarding Healthy Families Outreach RFA

Response:

Yes. Low and/or no costs items are acceptable incentive gifts. These cannot be linked to the selection of a health plan or provider.

43. Question:

Are door prizes allowed at Health Fairs?

Response:

Yes. However, if applicants want to give away door prizes which could be considered "Equipment", they should review closely the restrictions that apply to the use of equipment (see paragraph e, page 23) of the RFA.

44. Question:

Do you need to be a non-profit organization to apply?

Response:

No.

45. Question:

Do coalition partners have to be in the same political subdivision (county, city, etc.)?

Response:

No, partners may cover one or more political subdivisions (multiple counties, for instance), to provide a broader base for outreach.

46. Question:

If an organization serves multiple counties, can they apply separately in each county they serve or must it be a single application?

Response:

The RFA limits an applicant to a single submission, regardless of the geographic area served by the applicant (see page 6, Part IV, paragraph B).

Questions Regarding Healthy Families Outreach RFA

47. Question:

Can an organization be a partner in multiple counties with different collaborative efforts?

Response:

Yes, an organization may be a partner in multiple counties with different collaborative efforts.

48. Question:

Do I have to submit anything besides the Exhibit A Application Form?

Response:

Yes. Applications must include all information required in paragraph 2, items a-h on pages 16 through 25.

49. Question:

What do you mean by “application?”

Response:

You are applying for funding for a specific activity; the application is the means you use to describe to the State the amount of funding you seek and what you will do should you receive that funding.

50. Question:

How can the effective date be September 1, 1999 when applications are not due until August 27, 1999?

Response:

The Department will establish the contract effective date as the date the contractor begins activities under the contract; this could be as early as October 15, 1999.

51. Question:

Will approved projects have to submit revised budgets for a period beginning later than September 1, 1999?

Questions Regarding Healthy Families Outreach RFA

Response:

Projects may be proposed with any start date on or after 10/15/99. A revised budget will be required only if we determine to fund the project at a level less than requested.

52. Question:

Will people at the Applicants' Conference help me fill out the application there?

Response:

No. However, potential applicants may request technical assistance via telephone or mail until October 3, 1999.

53. Question:

Will more than one agency or collaborative be awarded a contract in any given county?

Response:

There is no limit on this issue. The number of contracts in a county will depend on the strength of the applications received, the size of the county and the size of the target population.

54. Question:

If an organization is not a non-profit agency, what is the potential likelihood that it would receive a contract?

Response:

Status as a for-profit or not-for-profit is not a factor in deciding which applications to fund.

55. Question:

Could you please clarify what you mean by "regional coalition", "cooperative alliance", or "collaborative partners"? Specifically:

- a. Do these terms only apply to groupings of agencies that will all somehow receive and spend project funds or can one agency receive and spend all funding while other collaborative partners are involved in implementing the project without receiving project funds?

Questions Regarding Healthy Families Outreach RFA

- b. Can two or three different Departments from the same County Government constitute a “regional coalition” for the purpose of this project and the \$200,000 maximum contract?
- c. In the case of a regional coalition, will one agency necessarily be the contractee, and that agency would then need to subcontract with each other partner, or is some other scenario possible?

Response:

For the purpose of this RFA, a regional coalition, cooperative alliance, and collaborative partner are one and the same.

- a. Yes, these terms apply to a grouping of agencies formed to receive and spend project funds. One agency could receive and spend all project funding while it's other collaborative partners implement the project without receiving project funding; however, it is difficult to envision why a collaborative partner would agree to this arrangement, and the State may challenge whether this is truly a regional coalition, cooperative alliance or collaborative partnership.
- b. No. For purposes of this RFA, the county governmental unit would be considered a single entity.
- c. Yes, one agency will be considered the lead agency. The State will not contract with each collaborative partner.

56. Question:

Please clarify "B" on Page 3 regarding the contract's effective date. Should the budget be a 9-month budget with the understanding that the funds can be spent over 12 months or should it be a 12-month budget?

Response:

The budget should be a 8 1/2-month budget (10/15/99 through 6/30/00), or less depending on the start date of the project. In the event that some work activities, such as follow-up on enrollments submitted toward the end of the contract period, take place after June 30, 2000, the contractor would be allowed to bill for those activities through September 30, 2000. Applicants should not, however, plan major work activities for the period July 1, through September 30, 2000.

57. Question:

Please clarify the sequence of dates involved in this contract; the RFA seem to read:

Questions Regarding Healthy Families Outreach RFA

- ⇒ Applications are due Friday 8/27/99
 - ⇒ Contracts will be for the period Wed 9/1/99 through 6/30/00, but expenses may continue through 9/30/00
 - ⇒ Yet there is limited funding, evidently no funding level set aside for each county, and a through selection review process. (If there are many applications, or several applications from a particular county or community, it would be logical this selection process could take awhile.)
- a. When does DHS realistically expect to communicate initial “intent to award” notices to applicants?
 - b. When does DHS realistically expect to send written contracts to award applicants?
 - c. Does DHS expect applicants to begin implementing projects before receiving “intent to award” notices?
 - d. Does DHS expect applicants to begin implementing projects based on the “intent to award” before receiving, approving or signing any contract?
 - e. Must an applicant’s project budget reflect a start-up date of 9/1/99, or can the budget be prepared with a start-up date of 10/1/99 or later?
 - f. If an applicant follows what seems to be RFA instructions and shows a budget beginning 9/1/99, and the selection and contracting process then takes some weeks or months, will the awardee be able to re-cast their budget so contract funds can be fully used over a shorter time period?

Response:

The sequence of dates reflected in the RFA is correct. However, the application submission due date is being extended to September 10, 1999 (applications must be postmarked by 4:00 p.m. this date). The contract period has also been changed from 10/15/99 through 6/30/00, however, applicants will be allowed to incur and invoice expenses through 9/30/00 (see question # 56). The Department is well-prepared to conduct an expeditious selection review process.

- a. It is our intent to issue a “Notice of Intent to Award” to successful applicants by October 6, 1999.
- b. Contracts should be received by successful applicants by late October.

Questions Regarding Healthy Families Outreach RFA

- c. Applicants who are successful and did begin work on or after October 15 will be able to invoice for that work once a contract is executed. We cannot know whether applicants will do so, and do not require them to do so.
- d. No, there is no requirement that contractors begin work based on the "Intent to Award" and contractors do so at their risk.
- e. The applicant's project budget start-up date is 10/15/99, or later if that is the applicant's proposal.
- f. Applicants will be required to restructure their budgets only if we determine to fund the project at a level less than requested.

58. Question:

Page 14 of the RFA #1A requires provision of a list of individuals actually enrolled. It concerns me that we share the names due to confidentiality.

Response:

The rules of confidentiality, which apply to the State, will also apply to the contractor. This will be detailed in the contract.

59. Question:

Should the budget be set up through June 30, 2000, or September 30, 2000?

Response:

The budget should be set up with a completion date of June 30, 2000.

60. Question:

Under the maintenance focus: Is it ok to do parent workshops to show parents how to use their insurance once they get it?

Response:

Applicants may include this as an activity in their proposal.

61. Question:

Do organizations that want to provide training/technical assistance have any latitude in the kinds of reporting they do regarding project activities, e.g.,

Questions Regarding Healthy Families Outreach RFA

enrollment numbers, names of enrollees, etc.? Would a report of agencies served who in turn would do the actual enrollments suffice?

Response:

Proposals which focus on training and/or technical assistance will be considered, along with the performance measures proposed to measure the success of those efforts.

62. Question:

Our organization is a member of a consortium of health centers. Can we submit an application on our own, if the consortium we are a part of is also submitting an application?

Response:

Yes. You may submit an application, however, if you are also a member of a consortium, you will not get funded on your own if the consortium is funded.

63. Question:

Can multi-site collaborative subcontractors who are working on the project in one target neighborhood do their own reimbursable enrollment activities at their service centers elsewhere in the county? Does the answer to this change if a collaboration member provides in-kind support only (i.e., space) and does not receive project funds?

Response:

Multi-site collaborative subcontractors may not do separate reimbursement activities at other service locations, since the State would be unable to differentiate the two activities. This answer does not change if the collaborative partner only provides in-kind support.

64. Question:

How will the State deal with the fact that Medi-Cal enrollments take at least 45 days to process? Lag time will particularly skew the results of at least the first quarter of project operations.

Response:

Contractors should take application approval times into account for both Healthy Families and Medi-Cal when establishing their goals.

Questions Regarding Healthy Families Outreach RFA

65. Question:

Regarding the requirement to provide a list of names of children actually enrolled: please provide some guidance around confidentiality issues and what would be acceptable verification of these lists. County staff is often reluctant to verify status information, citing "confidentiality" as the reason.

Response:

Contractors may find it necessary to do follow-up on application processing with families they assist; these follow-up activities would be allowable expenses for the applicant to include in the budget.

66. Question:

Can a church be the contracting entity under this contract?

Response:

Yes, as long as funding is not used to promote religious doctrine.

67. Question:

The RFA lists payment to churches as a prohibited expense (#2h, p. 21). Outreach at faith community sites is a successful, integral part of our strategy. Can churches receive reimbursement for costs associated with supporting the project, i.e., space rent, photocopying, etc.?

Response:

The prohibition identified in paragraph h, page 21, is directed at financial support for religious doctrine, not secular activities that they may support.

68. Question:

Does the target population include people who have been on Medi-Cal previously, not just eligible for it?

Response:

The target population includes families who may know about Healthy Families and/or Medi-Cal for Children but who have not applied for reasons such as not being aware of the eligibility requirements or concerns regarding immigration status impact, or who for other reasons have been reluctant to enroll, or been disenrolled, whether they have been on Medi-Cal previously or not.

Questions Regarding Healthy Families Outreach RFA

69. Question:

Can these funds be used to provide incentives such as gift certificates or small items for families to retain/renew their children's eligibility for health care coverage?

Response:

Items of nominal value may be provided as incentives. However, these gifts cannot be associated with the selection of either a particular health plan or provider of services. Providers should be aware of federal anti-kick back limitations.

70. Question:

Can organizations participate in more than one RFA response? Can organizations participate in more than one funded project? Does the answer change if the organization is not receiving any funds from this project?

Response:

Organizations may participate in any number of collaborative proposals.

71. Question:

On page 18 of the RFA, Scope of Work, number 1 tells us to describe strategies for reaching the target population. Number 4 also tells us to describe our strategies. This seems redundant. Can you clarify?

Response:

Item 1 asks for a description of the proposed project activities, and how success will be monitored and determined. Item 4 asks for the rationale of why the strategy was selected, and the applicant's assessment of the likelihood of its success.

72. Question:

On page 19 of the RFA, Performance Goals, we are requested to identify performance goals and milestones. Back on page 18, Scope of Work, in the first paragraph, we are told to provide objectives and milestones. This seems redundant. What is the difference between these "performance goals" and "objectives," and what is the difference, if any, between the milestones requested in both places?

Questions Regarding Healthy Families Outreach RFA

Response:

To the extent that these are duplicative, or felt to be duplicative by the applicant, they do not have to be repeated. But the performance objectives/goals/milestones must be readily discernable to the reviewer.

73. Question:

I see no requirement for letters of commitment. When will agencies be notified of award status? Work should begin Sept 1 since some of us are already providing services.

Response:

Letters of commitment are not a requirement of the RFA. It is our intent to issue a "Notice of Intent to Award" to successful applicants by October 6, 1999. As stated previously, contracts will be established with an effective date of October 15, 1999, if appropriate for the proposal.

74. Question:

In the past, only Enrollment Entities (EEs) have been on the mailing list for Richard Heath and Associates (RH & A). Will that continue to be the case or will RH & A's new e-mail list include other service providers who do not want reimbursements, just information?

Response:

Yes, the e-mail list will be expanded to include other service providers. In the future, Departmental informational bulletins sent to EEs will also be sent to contractors.

75. Question:

It appears there will be an emphasis on number of enrollments -- will these be number of children enrolled or number of applications that produced enrollment? In Medi-Cal or Healthy Families? AIM? California Kids? What if there are Medi-Cal children and Healthy Families children enrolled on the same application, one to be approved in 30 days, the other in 45 working days for Medi-Cal?

Response:

The use of federal funds restricts the State's outreach to federal programs, therefore performance goals cannot include other program enrollments as goals. To the extent necessary, contractors are responsible for following up on the

Questions Regarding Healthy Families Outreach RFA

potential enrollment of clients. This activity may be included in the project budget.

76. Question:

The difference between the time of application assistance and the time at which enrollment in Medi-Cal occurs can be months. Should the names of the children be listed on one progress report to the next until enrollment is finally confirmed?

And

Reference: Page 14, paragraph 1; Page 5, Performance Goals)

The monthly reporting requirement to submit the “names of individuals *actually enrolled* in HFP/MCC” appears ambiguous. If the State is responsible for actually enrolling individuals based on determination of eligibility, and that approval time is two to six weeks (or perhaps longer in some cases), would not the intent be for contractors to report the names of the individuals for whom HFP/MCC enrollment forms had been completed (and forwarded to Sacramento)? Compare this language with “[Enrollment] performance goals must reflect the number of *potential* enrollments the applicant believes can be realized...”

Response:

Applicants will be required to submit a report, along with the monthly progress report, that provides a cumulative list of all applications/enrollments submitted for the contract term. This should serve as a tickler file for the contractor when doing follow-up activities. This is not contradictory with the requirement to submit the applicant's goals with the application; the progress report and tracking report provide the measure for determining the contractor's progress in achieving the goals.

77. Question:

Entity activity reports for June 1999 sometimes used the child's name and sometimes the parent's name was used as approval. Will that be made more consistent? No social security numbers are required on the Healthy Families applications, how do we know which Maria Garcia or Mary Smith was approved? Many heads of households do not have social security numbers. Can dates of birth be added to these entity reports from RH & A.

Response:

The Entity Activity Reports may not be available to assist contractors in determining when children are enrolled in Healthy Families or Medi-Cal;

Questions Regarding Healthy Families Outreach RFA

applicants should anticipate having to use other means to determine enrollment status.

78. Question:

Are approval numbers the only measurable outcomes or could the number of actual submissions have some value, considering that approvals are taking 30-45 working days?

Response:

The measurement items or performance goals included in the application are up to the applicant to determine.

79. Question:

Will outreach workers be able to count locally approved Medi-Cal applications submitted without using the Healthy Families mail-in application?

Response:

Yes. These individuals should be identified with your progress report.

80. Question:

Can you get \$50 for the locally approved application?

Response:

No.

81. Question:

Will outreach workers still be prohibited from placing the application in the mail to RH & A versus wondering if the client got around to mailing it?

Response:

Applications are sent to the single point of entry contractor, Electronic Data Systems, not to RH & A. Training currently provided by RH & A specifically instructs Certified Application Assistors (CAAs) to have clients put applications in the mail. The State will review the current procedure to determine if changes to this procedure are appropriate.

Questions Regarding Healthy Families Outreach RFA

82. Question:

There is a one-month overlap from September 1 to September 30 for the Medi-Cal Outreach Contract and this new Healthy Families contract, followed by an anticipated abyss. Will there be weeks or months of turn-around before awards are made and contracts sent?

Response:

DHS is in contact with the Health Care Financing Administration to discuss extending the 1931(b) contracts through November 30, 1999. If those discussions are successful there should be no significant delay between the submission of applications and the Notice of Intent to Award. As previously stated, we are striving to issue the Notice of Intent to Award to successful applicants by October 6, 1999. Contracts will follow accordingly.

83. Question:

Some subcontractors are very small and tightly run. Should these small operations accept Healthy Families reimbursements after September 30th to keep staff paid during this period and start the contract period when the contracts are received? Alternatively, could unused 1931(b) funds be reapplied to extend payment of outreach workers past September 30th? What do you suggest?

Response:

The State is sympathetic to the plight of small contractor/subcontractor operations. As noted in our response to question 82, 1931(b) contracts may be extended until November 30, 1999.

84. Question:

Why was the current 1931(b) project replaced with this project? The project we have in place is now successful.

Response:

The Healthy Families/Medi-Cal for Children Outreach project is not a replacement project. The 1931(b) funds are federal funds made available to provide outreach and education to those individuals and families who were previously eligible for Medi-Cal because they were also eligible for AFDC, but who may not know they could continue to be eligible for Medi-Cal because they are no longer eligible for CALWORKS as a result of welfare reform.

Questions Regarding Healthy Families Outreach RFA

85. Question:

Is it considered supplanting funds if the contractor employs the staff of an expiring 1931b contract?

Response:

No, this would not be considered supplanting funds.

86. Question:

Can populations beyond county boundaries be included in the targeted population for outreach activities?

Response:

Yes, populations beyond county boundaries may be included in a proposal.

87. Question:

Is there a web-based Healthy Families application process in the works? Will it allow outreach workers to receive credit for those enrollments? How will documents be handled?

Response:

Yes, a Healthy Families/Medi-Cal for Children electronic application process is currently under development by the California Healthcare Foundation. When operational, outreach workers will receive credit for this type of enrollment.

88. Question:

Have any time studies been done to determine how long it takes per approved application when clients are encountering barriers like language, literacy, lack of documents, or other problems that require follow-up?

Response:

No.

89. Question:

It seems many Medi-Cal share-of-cost clients would rather pay for Healthy Families than Medi-Cal but barely qualify given the low wages in places like the Central Valley. Is there any possibility that the lowest income limit for Healthy Families might be lowered a little?

Questions Regarding Healthy Families Outreach RFA

Response:

The State encourages Medi-Cal share of cost clients to enroll for the Healthy Families Program; the income limits are established by state statute.

90. Question:

Will independent audits that are part of regularly scheduled business practices be acceptable?

Response:

Yes.

91. Question:

If a large organization has independent internal audit capabilities, will this suffice as an audit of the contract?

Response:

Yes, this will suffice.

92. Question:

Please provide us with the requirements/criteria for your required financial and compliance audit so we can budget for this accurately. Our CPA has several types of audits he performs and all are billed at different rates?

Response:

The financial and compliance audit required by the RFA must comply with the requirements of OMB Circular A-87, and the requirements of Generally Accepted Accounting Systems (GAGAS). Applicants may budget up to \$4000 for the financial audit costs.

93. Question:

Concerning budget allocation allowances on rental space. What is the cap on monthly lease payments?

Questions Regarding Healthy Families Outreach RFA

Response:

There is no limitation in the RFA for monthly lease payments, however, the leased property must be related to activities/work you're conducting for this project.

94. Question:

Page 5, Section D, Funding Limitations:

The \$100,000 and \$200,000 caps on funding for single and collaborative applications respectively: is the cap on the collaborative amount applicable to the entire consortia or each participating member?

Response:

The \$200,000 funding level applies to the entire consortium.

95. Question:

We understand the RFA's emphasis is on enrolling new applicants. However, throughout the RFA there is a reference to activities, "directly related to enrollment" and on page 1, to the target population being, ".....families which are, or have previously been, eligible for Medi-Cal but may not realize that Medi-Cal is still available...etc.".

We would like to clarify that recognition and some sort of "credit" that is worthy as a new enrollment may be given for "fixing" a Medi-Cal or Healthy Families case.. These are cases in which a family or child may not know that they have an "open" Medi-Cal case. They cannot access their Medi-Cal nor open a new case while the old case is pending. There are also situations in which the family's Medi-Cal may have been suspended, a child may not have received continuous Medi-Cal after birth, a pregnant women may not have her linkage to continuing Medi-Cal recognized, etc. The possibilities are endless. Healthy Families possibilities are somewhat more limited, but exist: a family may be incorrectly denied, may not have received a response, may be told by Medi-Cal that they are Healthy Families eligible but by Healthy Families that they are Medi-Cal eligible, etc.

Will the State allow the labor-intensive resolution of these situations to count as equally as a new enrollment, since the successful resolution of these problems effectively results in enrollment and access to care where there was none before?

Questions Regarding Healthy Families Outreach RFA

Response:

Activities related to the “fixing” of problems encountered in the enrollment process are activities which can be proposed for funding. The application should include a scope of work narrative and performance goals that will be used to measure the success of these types of activities. Applications will be evaluated in accordance with the evaluation criteria in the RFA. See responses to questions 98 and 102.

96. Question:

Is follow-up on new enrollments required, or is the only requirement to complete and send in an application? We would like to encourage DHS to recognize those applicants that build in a component of follow-up on enrollment and ensure that the family has successfully received cards, etc. Some of this is recognized in 2g, on page 10 of the selection criteria, “Strategies to ensure that children and families retain coverage and are informed of options for health coverage and services when they lose eligibility for a particular program.” However, we would like to see recognized in the point system those applicants that have a tickler system or in some other way routinely follow-up on applications.

Response:

It is not sufficient to merely identify the number of enrollments submitted; follow-up to ensure that actual enrollment took place is also required. The point system already provides recognition for this function, as indicated in the question (criterion 2g, page 10).

97. Question:

Is there an expected benchmark number of enrollees? Is it the applicant’s responsibility to accurately count them? Here in Los Angeles, we have found that almost impossible without individually following up with each case, as stated in the previous question. DPSS has no system to accommodate individual contractors calling to ensure enrollment. Healthy Families provides a written acknowledgement, as you are aware, but it is often wrong and must be resolved monthly.

Response:

No, there is not an expected benchmark of enrollees. Yes, it is the applicant’s responsibility to identify goals and track progress.

98. Question:

Do parents count in the applicant numbers?

Questions Regarding Healthy Families Outreach RFA

Response:

Although project funding is allocated for outreach to children, the State encourages the enrollments of parents/families. However, your enrollment goals may not include these types of enrollments.

99. Question:

For those agencies building in an education component for public charge, will numbers of people trained or provided workshops on this issue be equivalent in importance to numbers of people enrolled? Can workshops provided to community agencies working with the target populations be counted?

Response:

Applicants may propose outreach to secondary audiences. The application should include a scope of work narrative and performance goals that clearly identify the benefits and goals of contracting for such activities. The applicant should also include the performance measures appropriate for the activity proposed. It could mean the number of workshops conducted, the number of persons trained, etc.

100. Question:

Will any recognition be given for the kind of training described above – even if enrollments resulting from a community workshop to other agencies cannot be tracked? What about the need to train or provide workshops to agencies awarded with this contract –will DHS be providing training or will offers to provide training be accepted as a performance goal?

Response:

Applicants may propose this type of outreach. All proposals will be evaluated in accordance with the evaluation criteria in the RFA.

101. Question:

Is DHS interested in the role applicants who are awarded can play in providing feedback about both problems uncovered in the application and enrollment system (both with Healthy Families and Medi-Cal) and with successful practices and endeavors to address these problems? Would the systematic gathering of such information from other contractors be considered as a performance goal?

Questions Regarding Healthy Families Outreach RFA

Response:

DHS is very interested in receiving feedback from contractors, gathering this information from other contractors could be included as a performance goal.

102. Question:

Mention is made (page 10 and elsewhere) of points for plans to inform families about all available health care programs and services. Does this mean that enrollment numbers projected could/should include those enrolled in California Kids, Kaiser Permanente Cares for Kids and other programs? May enrollment targets include parents, as asked in #5? What about programs in which there is no effective "enrollment," such as county programs and CHDP?

Response:

Contractors are encouraged to inform families about all insurance options available to them. As these contracts use state and federal money allocated for Medi-Cal and Healthy Families for children, performance goals may not include programs other than Healthy Families and Medi-Cal. Again, parents may not be included in performance goals.

103. Question:

Our entity is a recipient of the first HFP/MCC contract issued January 14, 1999. Assuming our collaborative is awarded the contract and is not notified until after the project start date of September 1, 1999, will expenses we incur in the weeks prior to the notification (i.e., current project staff continuing outreach efforts) be billable?

Response:

Since the effective date of contracts under the new RFA (July 23, 1999) has been changed to October 15, 1999 (or later, as approved), this situation should not exist.

104. Question:

If a "contractor" agency under the outreach contract has "Certified Application Assistants" (CAAs) who are not funded by the outreach contract, can the contractor still seek reimbursement for applications done by these non-contract funded CAA's?

Questions Regarding Healthy Families Outreach RFA

Response:

No, contractors are prohibited from seeking reimbursement for applications under the terms of this RFA.

105. Question:

If an agency is a “subcontractor” under the outreach contract and has “Certified Application Assistants” (CAA’s) who are not funded by the outreach contract, can the subcontractor still seek reimbursement for applications done by these non-contract funded CAA’s.

Response:

No, subcontractors are prohibited from seeking reimbursement for applications under the terms of this RFA.

106. Question:

If an agency is a “subcontractor” under the outreach contract and has “Certified Application Assistants” (CAA’s) who are contracted to provide contract-funded assistance for special events only and provide application assistance on an ongoing basis without outreach contract funding, can the subcontractor still seek reimbursement for applications done by these CAA’s when they are not engaged in contract-funded special event application assistance?

Response:

No, subcontractors in any capacity are prohibited from seeking reimbursement for applications under the terms of this RFA.

107. Question:

Can an agency be a member of an outreach contract collaborative if they only provide in-kind support, office space and referral assistance? (No contract-funded application assistance would be provided by the agency).

- a. If the answer is yes, does this agency lose the ability to seek reimbursements for application assistance?

Response:

Yes, an agency may be a member of a collaborative and only provide in-kind support, office space and referral assistance. Yes, the agency would lose the ability to seek reimbursements for application assistance.

Questions Regarding Healthy Families Outreach RFA

108. Question:

What kinds of performance goals are acceptable besides the number of applications completed by outreach contract-funded positions?

Response:

Performance goals consistent with the program's concepts would be acceptable.

109. Question:

Can a contractor or subcontractor refer clients to "reimbursement" requesting agencies if the contractor or subcontractor does not have CAA staff available at the time and location the client wishes application assistance?

Response:

Contractors and/or their subcontractors cannot refer individuals to EE's in this circumstance. In order to better serve the target population, Contractors may consider establishing business hours that concur with their target populations' availability.

110. Question:

Does DHS acknowledge General A-87 plan principles in direct costing?

Response:

This question refers to OMB Circular A-87, which are cost principles that state, local, and Indian tribal governments are required to follow. Contractors would be required to follow these cost principles as well.

111. Question:

Is it possible for a contractor to serve in one or more counties?

Response:

Yes, a contractor may serve in one or more counties.

112. Question:

Is it possible for a contractor to submit multiple applications (each one serving a different county or regional target area)? For example, if an agency had a Head Start Program and a Charter School Program – could they apply in addition to

Questions Regarding Healthy Families Outreach RFA

that same agency's WIC program who also would apply (assuming they are targeting different populations)?

Response:

An applicant may submit only one application, regardless of the proposed service area or target population. An applicant may be a member of more than one collaborative, however.

113. Question:

Is it possible to obtain a list of existing entities that currently provide enrollment assistance (CAA) services?

Response:

Yes, the enrolled entities list is now available on the Internet. The address is <http://www.healthyfamilies.ca.gov>

114. Question:

Will there be any consideration for the higher costs of outreach and enrollment that might be associated with target populations in rural areas of the state?

Response:

Yes, to the extent that the application justifies the proposed costs. The evaluation criteria (page 9, number 4(a)) specifically states "The budget identifies how contract funds will be expended (cost-effectiveness)."

115. Question:

Would the department give consideration to a proposal that leveraged other resources for outreach (i.e., obtained contracts or other resources to expand or support the outreach effort in the proposal to DHS)? Is that even permitted?

Response:

Yes, as stated previously, the Department is interested in supplementing, not supplanting, existing efforts. This type of expansion effort is encouraged.

116. Question:

Page 1 Introduction and Page 10, item 3a

Since the purpose of the RFA is to "enhance current efforts pertaining to the HFP/MCC program that have been undertaken by applicants, " is current (or

Questions Regarding Healthy Families Outreach RFA

past) HFP/MCC outreach an eligibility requirement? How does this relate to scoring for selection criteria related to applicant's experience in providing information and enrollment for HFP/MCC?

Response:

No, current or past outreach for the HFP/MCC is not an eligibility requirement. Applications will be based on the evaluation criteria included in the RFA.

117. Question:

Page 1 Introduction

Which “innovative outreach activities currently conducted throughout the State” would the State like to see replicated? Which of those offer promise for rural or hard-to-reach populations? Where is this information available?

Response:

The State has no preference regarding the type of outreach activities conducted by contractors. The State does not want to define what type of activities offer promise to rural or hard-to-reach populations. We are looking for organizations who work with the community to define the appropriate outreach to their communities.

118. Question:

Page 18, Item 7

The final selection criteria on page 11 appears to give substantial weight to total number of enrollments generated and perhaps the cost-effectiveness of projected enrollments; however, neither of those two criteria is listed in the scoring criteria (pages 9 and 10). While “transportation limitations” are suggested as possible barriers to be discussed in the narrative, this indicates that increased transportation costs may impact some budgets, which will impact the number of potential enrollments. How do the selection criteria account for large, rural areas where HFP enrollments are currently weak?

Response:

Applicants should provide performance goals appropriate for the target population addressed in their proposal.

Questions Regarding Healthy Families Outreach RFA

119. Question:

What is considered “enrollment”? What does “successful enrollment” into the Medi-Cal program mean? In some counties, only county workers can enroll someone into Medi-Cal.

Response:

The role of the contractor is to assist the target population in applying for the Healthy Families or Medi-Cal for Children program using the appropriate sources available i.e., the State’s single point of entry contractor, the Medi-Cal local office, etc.. The role of the county is to make eligibility determinations and enroll clients. A successful enrollment is the attainment of eligibility status in either Medi-Cal or Healthy Families.

120. Question:

For the Outreach to be effective I must have culturally appropriate Outreach workers, and in the Fringe Benefits and Payroll Expenses section: Is the program going to reimburse based on actual budget? Or per the percentage included in the Fringe Benefits and Payroll taxes, health insurance, etc.?

Response:

Reimbursement will be based on actual expenses, not on budgeted costs.

121. Question:

How soon are you going to allow us to invoice for the initial activities such as hiring workers, materials, basic operation expenses? Are you setting a specific format for invoicing?

Response:

Contractors may request initial start-up funding upon approval of the contract. Other invoices may be submitted on a monthly basis, after the end of the month, for costs incurred during the previous month. Any start-up payments will be offset against future month payments over the contract term.

The Department will provide guidelines on the content and format of invoices prior to contract execution.

122. Question:

(Reference: Page 15, Application Process; Page 18, item e.)

Questions Regarding Healthy Families Outreach RFA

There is no prescribed format for the application, yet a scope of work in a detailed chart must be provided. The State Health Department has a standard scope of work chart used for many contracts. Wouldn't the use of such a form help to level the playing field in evaluating applications and to speed the contracting process? Would not those familiar with the State form have an advantage over applicants who are unfamiliar and who use them in the application.

Response:

We are unaware of a standard DHS scope of work format. The information required by this RFA, in the form of a simple narrative, should be easily prepared by all applicants, and can be easily read and reviewed by evaluators.

123. Question:

The RFA requires a page limitation (3 pages) for the Scope of Work. Does this include the narrative and the chart?

Response:

The three-page limitation includes only the narrative portion of the scope of work. The chart depicting the project objectives, activities, timelines and milestones is not counted as part of this requirement.

124. Question:

(Reference: Page 20, Budget item 2.d and e.)

Interest payments are not allowable expenditures. Does this apply to "rent" costs for proportionate space allocation for staff where the applicant owns the building and is making mortgage payments comparable to rent (e.g., \$1/sq.ft. including utilities), where a portion of that expense is mortgage interest.

Response:

"Rent" costs are allowable, provided that financing is provided by a bona fide external third party and to the extent that the space allocation is in proportion to the proposed project.

125. Question:

(Reference: Page 23, items (4) and e.)

Equipment includes items of \$500 or more including tax, with the equipment remaining state property. Does the State prefer that needed computers be rented/leased or purchased?

Questions Regarding Healthy Families Outreach RFA

Response:

The State requires computers be rented/leased. Please note that a maximum of \$15,000 may be allocated for equipment.

126. Question:

(Reference: Page 26, Invoice Submission.)

What does the word “recovery” mean in “Monthly invoices shall be submitted in arrears, by the 21st calendar day of the month following the month recovery was completed”?

Response:

The term “recovery” was incorrectly used; the word should have been “work”. The sentence should read “Monthly invoices shall be submitted in arrears, by the 21st calendar day of the month following the month work was completed”.

127. Question:

(Reference: Attachment III, Fresno)

Attachment III. The total WIC participants by County (for April 1999) for Fresno seems in error at 23,985. Fresno EOC is the contractor which serves Fresno *urban* WIC clients, and a total of 25225 cases were reported for April 1999. Another provider serves *rural* Fresno County WIC clients. If these numbers are wrong for Fresno, might there also be errors for other counties?

Response:

The WIC program has identified errors in the report included in the RFA for Fresno County. At this time we do not know if there are errors for other counties as well. Applicants should take this uncertainty into consideration when preparing their proposals.

128. Question:

(Reference: Exhibit A, Applicant Cover Sheet)

Could the applicant cover sheet be posted on the internet in a retrievable format (e.g. WordPerfect or Word) or be made available on diskette? (Unable to retrieve as a text document via PDF or HTML formats on Internet.)

Questions Regarding Healthy Families Outreach RFA

Response:

The applicant cover sheet is contained in the RFA and is retrievable by using the Adobe Acrobat Reader. The document may be opened and printed from the internet.

129. Question:

(Reference: Attachment I)

For the counties that are lumped together on Attachment I showing health insurance coverage by county, is it possible to obtain the total population figures used for each county for the time period in question so that insurance rates may be applied equitably among the counties?

Response:

No, the statistics provided by UCLA cannot be adjusted to reflect individual counties. The information provided in the RFA is the most complete information available from UCLA.

130. Question:

The UCLA data groups for some counties may in themselves have different demographics. Can we use different data?

Response:

Yes, you may use different data; your application must include the source of the data.

131. Question:

(Reference: Page 6, item B and Page 8, item A.)

There appears to be an ambiguity on mailing and postmark instructions. Page 6 allows a postmark dated on or before August 27, while Page 8 states application must be "postmarked by 4:00 p.m. August 27."

Response:

The submission date has been changed to September 10, 1999. To provide equity to all applicants, applications must be received or postmarked by 4:00 p.m. on October 15, 1999.

Questions Regarding Healthy Families Outreach RFA

132. Question:

(Reference: Page 17, item (5).)

For key staff background, additional key project staff will be needed. Is describing administrative staff sufficient, along with qualifications to be sought in additional staff?

Response:

Yes, a general description of the type or qualifications of the staff assigned is sufficient.

133. Question:

Can an agency collaborate with a legal entity such as legal aid?

Response:

Yes, this type of collaboration is acceptable.

134. Question:

Is a for-profit business a legal applicant or coalition member?

Response:

Yes. The term applicant applies to both non-profit and for-profit organizations

135. Question:

Can county welfare departments apply for contract funding?

Response:

Yes, they may apply for funding for outreach activities. This would not cover activities to establish Medi-Cal eligibility.

136. Question:

Is it assumed that the 34 contract awards made last year for the HFP/MCC project will be re-funded again this year, if they met their goals?

Questions Regarding Healthy Families Outreach RFA

Response:

There is no assurance that an agency that was funded during the previous outreach contract cycle will automatically be re-funded

137. Question:

Did any of the awarded agencies last year fail to meet their contract goals?

Response:

The previous contracts did not establish performance goals as required by this RFA.

138. Question:

Can we be reimbursed \$25 for assisting with re-qualifications if we have a contract?

Response:

Yes, you may receive the \$25 fee for the annual eligibility review for Healthy Families only.

139. Question:

Will DHS provide subcontract language to contractors? If not, does DHS need to approve subcontracts used?

Response:

Any language required to be included in subcontracts will be provided to successful applicants. The Department will not routinely review and approve subcontracts; however, subcontracts are subject to Departmental review on request.

140. Question:

Can a partner in a collaborative perform outreach and the other partner performs enrollments, with both reimbursed for eligible expenses?

Response:

Yes, both could be reimbursed for expenses by contract funds.

Questions Regarding Healthy Families Outreach RFA

141. Question:

Would the State consider a proposal to do outreach to youth, e.g., middle and high school level students, as a worthy proposal (whereas, most outreach usually focuses on young children)?

Response:

Yes, outreach to this population would be considered a valid proposal. Medi-Cal program covers individuals up to the age of 21, and the Healthy Families program covers individuals up to the age of 19.

142. Question:

Can we use Public Access television as an outreach and education tool?

Response:

Yes, this is an acceptable outreach and education tool. However, the State will need to approve all materials presented under this medium as it falls under the category of media.

143. Question:

What is the projected turn-around for contractor payment?

Response:

The projected turn-around for payment is 30-45 days.

144. Question:

Is there a set income scale to follow when staffing Certified Application Assistors (CAAs) for outreach projects?

Response:

No.

145. Question:

Will you provide invoice forms for contractors to bill expenses?

Response:

Yes, the invoice format is currently under development.

Questions Regarding Healthy Families Outreach RFA

146. Question:

If current staff will drop current work in order to take on the new work of this project, can current staff be funded under this contract?

Response:

Yes, current staff funding under this scenario is possible.

147. Question:

Is it acceptable to reallocate a portion of current trained outreach staff time to work on this contract?

Response:

Yes. In this situation, an explanation of how this redirection results in an expansion of outreach efforts is required, to assure that this funding supplements existing efforts.

148. Question:

Data from the RFA shows, as an example, that San Francisco County has enrolled 58 African American children. Is the State going to concentrate funding where the number of uninsured are higher, as in certain counties, or is equal funding of each county the priority?

Response:

The State goal is to fund contracts that focus on target populations identified in underrepresented geographic areas. This may mean that each county is not provided equal funding.

149. Question:

We provide a mobile clinic to reach rural, low-income people. Can we be reimbursed for the costs of operating the vehicle? Can we be reimbursed for the maintenance costs of the vehicle?

Response:

Yes, reimbursements for vehicle operational costs are allowable at a maximum rate of \$0.31/mile; routine maintenance costs are not (See RFA Exhibit C, Travel Reimbursement Guide). This does not mean that this is an opportunity to effectively replace a vehicle through the use of these funds.

Questions Regarding Healthy Families Outreach RFA

150. Question:

If we are a health care system serving 21 zip codes, with 3 hospitals, 8 primary care offices and several school-based programs, could we apply as a collaborative?

Response:

The organization as described would be considered a single entity.

151. Question:

Can we rent an office space that is not now being used by the applicant organization?

Response:

Yes.

152. Question:

Are aid code 38 (Edwards) clients an eligible target population?

Response:

Only to the extent that they are children, and are not currently eligible for no-cost Medi-Cal. This is not 1931(b) outreach.

153. Question:

Page 24, letter h, Indirect Costs – can we as a school district use our indirect rate which is 4.47%?

Response:

Yes, you may use this rate.

154. Question:

Please elaborate on the meaning of “applicant’s infrastructure building capacity”.

Response:

Since there is no assurance that any specific proposal will be funded in future years, the Department is interested in funding those projects which could

Questions Regarding Healthy Families Outreach RFA

become self-sustaining or which would leave a lasting imprint on the community. Applicants should describe how similar activities with which they have been associated have left a lasting impression on their community. Have those efforts been continued even without ongoing continuous funding, or did they cease when the funding was eliminated?

155. Question:

Does a cooperative alliance require a new Federal Tax Identification number?

Response:

No. The lead agency should use their existing Federal Tax Identification number.

156. Question:

Please explain what are “indirect costs” for budget purposes.

Response:

For direct personal services provided by the contractor, the maximum indirect rate is 10%. This covers the administrative overhead of the agency. Because there is overhead associated with the administration of contracts, an additional amount, equal to 6% of total contract funds, may be budgeted for indirect costs.

157. Question:

How can our collaborative obtain Healthy Families t-shirts, buttons, pins, etc. for volunteers to wear at Health Fairs?

Response:

Buttons and pens are not currently available. T-shirts may be purchased by calling Doug Fregolle at (323) 939-9333. Additionally, banners and signs may be purchased through Jason Shelofsky of Chroma Copy at (213) 617-1000 ext 3009.

158. Question:

Can you please explain the tables on Attachments I, II and III included in the RFA?

Response:

Attachment I is an excerpt from a study done by the University of Los Angeles, Center for Health Policy Research. It is the best information available that

Questions Regarding Healthy Families Outreach RFA

identifies by geographic area the number of people in California who are uninsured. A copy of the full report is available on-line at <http://chpps.berkeley.edu/publications/hipp98fm.htm>. Attachment II is a copy of the most recent (at the time of RFA publication) report of Healthy Families enrollment by ethnicity by county. Attachment III is a copy of a special report provided by the WIC program of eligible participants by county and ethnicity for the month of April 1999. These are the best surrogate information sources available to assist applicants in identifying the target populations for outreach.

159. Question:

What is the definition of Public Charge?

Response:

As quoted from the U.S. Department of Justice, Immigration and Naturalization Service Fact Sheet issued 5/25/99 "Public charge means an alien who has become (for deportation purposes) or who is likely to become (for admission/adjustment purposes) primarily dependent on the government for subsistence."

160. Question:

We are now being told by the Immigration and Naturalization Service (INS) that we can no longer assure clients that Medi-Cal and Healthy Families are not public charge issues. We have been informed we must give clients the complete fact sheet or refer to an attorney. Should this issue be addressed in the RFA?

Response:

The State is unaware of such a message being distributed by the INS. As stated in Section III, B, Funding Parameters, Page 4 of the RFA, "Public Charge and other immigrant-related issues collectively represent one of the most common barriers to enrollment in the HFP/MCC programs. Applicants are encouraged to include strategies to identify and address this critical concern."

161. Question:

May gift certificates for food be given as incentives?

Response:

Yes. These cannot be associated with the selection of either a particular health plan or provider of services.

Questions Regarding Healthy Families Outreach RFA

162. Question:

If we do not qualify to lease computers (due to a past Chapter 13 bankruptcy in 1991) can we purchase computers? If yes, do we turn them in to the State after 10 months or is there an option to buy them back from the State?

Response:

The applicant should explore alternative acquisition methods, since the purchase of computers is not acceptable.

163. Question:

The RFA states that contractors will be allowed to incur expenses through September 30, 2000. Does this mean contractors can perform work after June 30, 2000 and submit invoices for that work through September 30, 2000?

Response:

Contractors should schedule their work so that it is concluded by June 30, 2000. If all work cannot be completed by June 30, 2000, contractors may submit invoices through September 30, 2000, for work performed.

164. Question:

Will contractors be required to provide the applicant's name, SSN (if available), date of birth, and address for purposes of verifying authenticity of the monthly progress report?

Response:

The demographic information to be collected will be provided at a later date.

165. Question:

If an entity such as ours proposes through the RFA to provide outreach and enrollments for Healthy Families/MediCal programs in four target communities, i.e.: Lincoln, Foresthill, central Roseville and North Auburn and we receive funding, I understand that we (the collaborative agencies named in our proposal) will be the provider of community outreach and education and the identified and encouraged primary application enroller and can not then receive the application/enrollment funds (\$50) and can not refer individuals to others for enrollment, but what happens if other agencies and EEs in the same general area (who do not receive outreach contracts) still provide enrollment services and individuals in our target communities end up going to those other agencies for assistance. Would we still be held responsible or liable for that when we can't

Questions Regarding Healthy Families Outreach RFA

control where community members might go for assistance and what other agencies may be doing outreach just to receive enrollment funds (\$50 per app.)? Is the state going to dis-allow other agencies from doing enrollments?

Response:

Since organizations which do not participate in the contracts awarded through this RFA will be allowed to receive the \$50 fee, the applicant should include in their proposal goals which reflect realistically what they expect to accomplish.